



## Children's Health Coverage - OERU

### SAMPLE Supplemental Quarterly Invoice

County Name: Your County

Fiscal Year: 2006/2007

Billing Period: December

OERU Authorization #: AB 1807 Sec. 14067.3

Invoice #: OERU-06/07-2-59 (S-1)

Vendor ID #: 0000012345-01

BUDGET CATEGORIES (per contract)	Approved Budget	Prior Amount Expended	Expenses Billed this Quarter	CDHS use only		Amount Expended to Date	Remaining Balance
				Adjustment	Approved Amount		
<b>PERSONNEL EXPENSES</b>							
Project Administrator FTE							
Project Analyst FTE							
Project Coordinator FTE							
Office Assistant PTE							
Benefits _____ %							
<b>TOTAL PERSONNEL EXPENSES</b>							

<b>OPERATING EXPENSES</b>							
Rent							
Office Expenses							
Equipment							
Training							
Conferences/Meetings							
Travel							
Outreach Materials							
Automated Enrollment							
Indirect Costs _____ %*							
<b>TOTAL OPERATING EXPENSES</b>							

\* Cannot exceed 15% of total funds allocated

Note: Please submit invoices from subcontractors if applicable.

Rev. 2/07

BUDGET CATEGORIES (per contract)	Approved Budget	Prior Amount Expended	Expenses Billed this Quarter	CDHS use only		Amount Expended to Date	Remaining Balance
				Adjustment	Approved Amount		

<b>OTHER EXPENSES</b>							
Subcontractor 1 XYZ for Kids	\$ 800,000.00	\$ 100,000.00	\$ 27,500.27			\$ 127,500.27	\$ 675,499.73
Subcontractor 2							
Collaborative Partnership							
Collaborative Partnership							
<b>TOTAL OTHER EXPENSES</b>	\$ 800,000.00	\$ 100,000.00	\$ 27,500.27			\$ 127,500.27	\$ 675,499.73

<b>TOTAL OF ALL EXPENSES</b>	\$ 1,260,307.00	\$ 227,342.95	\$ 27,500.27			\$ 254,843.22	\$ 1,005,463.78
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I certify that the expenditures claimed represent actual expenses for the service performed under this allocation.

<b>Sign in blue ink only</b>	
_____	_____
County OERU Project Financial Officer (print)	Signature

<b>Sign in blue ink only</b>	
_____	_____
OERU Project Director (print)	Signature

<b>Explanation of Adjustments/Corrections or Revisions (please bold any adjustments, corrections, or revisions for ease of identification):</b> An additional invoice in the amount of \$27,500.27 was submitted by the subcontractor. The total amount that should have been billed this quarter is \$127,500.27.
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